

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA, IN AND FOR _____ COUNTY,
JUVENILE DIVISION

IN THE INTEREST OF:

CASE NO:

UCN NO:

DIVISION:

MINOR CHILD(REN)

_____/

GUARDIAN AD LITEM REPORT TO THE COURT

Guardian ad Litem:

Type of Hearing: **Disposition**

Date of Hearing:

Time of Hearing:

Date of Report:

I. RECOMMENDATIONS

A. The Guardian ad Litem respectfully makes the following recommendations:

1. **Disposition:**
2. **Placement:**
3. **Visitation:**
4. **Services Needed for Child:**

B. The Guardian ad Litem respectfully requests that the Court consider the following:

1. **The Child's Wishes:**

II. COMPLIANCE WITH THE CASE PLAN

A. The Case Plan has been agreed upon by all parties and should be approved by the Court or
Case Plan approved by court on (date) or
Case Plan has not been approved by Court (Parents voluntarily working on CP).

B. **Mother's Compliance** (name)

- 1.

C. **Father's Compliance** (name, father of)

- 1.

D. **DCF's Compliance with Court ordered tasks**

1.
E. **Compliance with Visitation**
1.

III. **GUARDIAN AD LITEM INVOLVEMENT**

- A. **Date GAL appointed:**
B. **The children were seen:**
C. **Contact with Parents**
1.

D. **Persons Contacted**
1.

IV. **HISTORY OF THE CASE**

- A. **Total Time Children in Care:**
B. **Date of Shelter:**
C. **Summary of Placements:**

Respectfully Submitted,

Guardian ad Litem
Guardian ad Litem Program

Case Coordinator
Guardian ad Litem Program

Program Attorney
Guardian ad Litem Program

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Mail /facsimile/hand delivery this ** day of ***, 2004, to: _____

By:_____

Program Attorney
Guardian ad Litem Program